

CALIFORNIA STATE DEPARTMENT OF PUBLIC HEALTH

WALTER M. DICKIE, M.D., Director

Weekly Bulletin



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GUY P. JONES
EDITOR

California High in Sewage Disposal Inventory

More than half of the urban population in the United States is provided with sewage treatment facilities, according to a nation-wide survey just completed by an eastern engineering journal. This represents a gain of 52 per cent in the three years since the 1935 survey, and strikingly evidences the rapid advance made in better sanitation. Construction of disposal plants in 1200 communities during this period reflects the availability of federal grants and loans, the aggressive educational efforts of health authorities, and an enlightened public consciousness toward stream pollution abatement.

The survey, which was compiled from official data furnished by State sanitary engineers, includes for each of the forty-eight States information on the number of people and communities served by sewers and treatment plants, the number and type of disposal plants, and a detailed tabulation showing the major processes of treatment now in use. Also included are summaries showing that 758 industrial waste treatment plants are in operation, and that 594 communities have adopted the sewer rental system of financing improvements.

The 1938 inventory reveals that there are 4662 communities in forty-seven states with treatment plants, and these plants serve 40,884,754 people; this is 53 per cent of the urban population. In 1935 there were plants in 3471 communities in forty-four States serving 24,195,000 people. New York

leads the list of States in total number of people served by treatment works, caring for 5,539,000 in this way. Arranged in the order of population served, the first eight states are as follows:

New York	5,539,000	California	2,973,000
Illinois	4,822,000	Michigan	2,760,000
New Jersey	3,320,000	Texas	2,700,000
Ohio	3,027,000	Wisconsin	1,353,000

With regard to the number of communities served by treatment plants, however, the lead is taken by Texas where the total is 425. States in which 100 or more communities have installed disposal plants are shown in the following table:

Texas	425	Minnesota	176
New Jersey	263	Pennsylvania	170
New York	256	Kansas	156
Iowa	249	North Carolina	154
Illinois	239	Ohio	140
California	237	Missouri	132
Oklahoma	181	Arkansas	123
Wisconsin	178	Michigan	119

DEGREE OF TREATMENT

More than half of the communities treating their sewage (actually 54 per cent) provide primary treatment by sedimentation according to the data compiled under the heading "Degree of Treatment." So-called complete or oxidation treatment has been adopted by 44 per cent of the communities. Disinfection of effluents prior to their dis-

charge is employed in only 20 per cent of all the plants, however. This low figure is somewhat surprising because much emphasis has been placed on the desirability of this practice by sanitary engineers.

The trend of the times in sludge disposal is revealed by the statistics which show that separate sludge digestion facilities are now in use in 836 plants (in forty-eight States) as compared with 374 installations (in forty-four States) in 1935. Air drying on sand beds is by far the most common method of handling digested sludge, some 2900 plants engaging in this practice; of this number only 223 places report the use of covered beds. Mechanical dewatering of sludge is gaining in popularity, the number of installations jumping from nineteen to sixty-one in three years. Incineration, likewise, went forward and at the present time there are twenty-nine installations as compared with only six in 1935.

Reports on byproduct utilization show that 535 communities are collecting sludge gas. The most general application of the gas is for the production of heat, but fifty-one plants have installed gas engines for power production. The use of sludge for fertilizer is reported by 156 communities.

DR. KAUFMAN GOES TO RIVERSIDE

Dr. R. L. Kaufman, who has served for many years as District Health Officer at Whittier, under the Los Angeles County Health Department, has been appointed Health Officer of Riverside County to succeed the late Dr. W. A. Jones.

The load of tomorrow added to that of yesterday, carried today, makes the strongest falter. Shut off the future as tightly as the past. No dreams, no visions, no delicious fantasies, no castles in the air, with which, as the old song so truly says, "hearts are broken, heads are turned." To youth, we are told, belongs the future, but the wretched tomorrow that so plagues some of us has no certainty, except through today. Who can tell what a day may bring forth? Though its uncertainty is a proverb, a man may carry its secret in the hollow of his hand. Make a pilgrimage to Hades with Ulysses, draw the magic circle, perform the rites, and then ask Tiresias the question. I have had the answer from his own lips. The future is today—there is no tomorrow! The day of a man's salvation is now—the life of the present, of today, lived earnestly, intently, without a forward-looking thought, is the only insurance for the future.

—William Osler, M.D., 1913.

HEALTH EDUCATION*

WALTER M. DICKIE, M. D.

State Director of Public Health

The newer methods of health education in the schools are no doubt productive of results in extending the knowledge of the child relative to health in general. It is somewhat startling, however, for a State public health officer to receive letters from elementary school pupils asking him to "send all about hospitals for a term paper in my school," requests for information relative to the administrative organization of public health services, and similar technical topics. It would appear sometimes that the effort to fit educational methods into the changing social conditions is overdone, and that pupils in the lower grades are given subjects for study that in reality belong to students in the junior colleges and universities.

Those methods that have to do with the practical application of health procedures in the daily lives of students are commendable, and there can be no criticism of curricula that lead toward personal health and an appreciation of its value. It would seem there is need for making new evaluations of methods in order to be certain that the elementary concepts of personal hygiene and its corollaries are not neglected. It is of first importance that every student when he enters high school have a working knowledge of personal hygiene, the common communicable diseases and methods used in their control, including immunization, knowledge of foods and their relative values, a clear conception of the importance of health in community life, a practical knowledge of first aid and an understanding of the scientific methods that are employed generally in the maintenance of good health. With a background of this sort, the more intricate subjects that might lead to preparation for vocations, in nursing, medicine, public health, and kindred professions would follow in logical sequence.

The need for changing curricula to fit the social trends of the day is recognized, but it is feared that there is a tendency to neglect fundamental training in subjects related to hygiene in the individual. After all, health is a personal and individual matter, and no community can be healthier than the individuals within its borders. Is it not better to concentrate on personal health in the lower age groups and develop the study of community problems only after elementary studies in health have been completed?

* From January, 1939, Health News, Los Angeles City Schools.

Never attempt to bear more than one kind of trouble at once. Some people bear three kinds—all they have had, all they have now, and all they expect to have.—Edward E. Hale.

TEACHERS SEE THE DEAF CHILD

Teachers are not otologists.

Audiometer tests are not necessary, however, to make us suspect that certain children are hard of hearing. Nor do we refer to the child whose peculiar enunciation proves he cannot even hear his own voice, nor the one to whom we have to raise our voice in order to make him hear, nor again the one whose answers are at such variance with the question as to be evidence that he did not hear it distinctly.

But there are signs not so evident which nevertheless are quite significant. The teachers in daily contact with the children should not find it difficult to observe these signs.

When a child frequently asks for a statement to be repeated, or looks at us with an uncomprehending expression when we speak to him, or repeatedly makes irrelevant responses, or habitually turns one side of his head toward us when listening, we should suspect impaired hearing.

The very quiet child who shuns the society of his classmates, who does not enter games and tends to play alone may have learned through bitter experience that he is somehow different from the others and so different that he is often laughed at. But he does not know that his difference is in his inability to hear.

The delinquent, the problem child, as well as the child who seems to be trying so hard but is continually failing, may simply be hard of hearing.

The child who speaks very low, and sometimes the child who talks louder than necessary may each have impaired hearing.

Of course the child with frequent earache or who has a discharging ear cannot be expected to have normal hearing. The child whose voice production indicates a throat clogged with adenoid tissue, or the habitual mouth-breather should be looked upon as a potential hard-of-hearing child.

The child of parents known to be deaf, the child returning to school after being ill from meningitis, measles and especially scarlet fever, the victim of a head injury, particularly a skull fracture, should be watched. He may gradually develop impaired hearing.

Finally, any problem child whose behavior can be laid to no known cause should prompt the request for an audiometer test.

—W. Morton Gardner, M. D., Head of the Eye and Ear Unit. In January, 1939, *Health News*, Los Angeles City Schools.

While a child is acquiring an education he should be doing things he will have to do while he is earning a living.—H. Ford.

DISEASES REPORTABLE IN CALIFORNIA**REPORTABLE ONLY**

Anthrax	Malaria*
Beriberi	Pellagra
Botulism	Pneumonia (Lobar)
Chancroid	Relapsing Fever
Coccidioidal Granuloma	Rocky Mountain Spotted Fever
Dengue*	Septic Sore Throat
Fluke Infection	Tetanus
Food Poisoning	Trichinosis
Glanders†	Tularemia
Hookworm	Undulant Fever
Jaundice (Infectious)	
Lymphogranuloma Inguinale	

ISOLATION OF PATIENT

Chickenpox	Ophthalmia Neonatorum
Dysentery (Amoebic)	Psittacosis
Dysentery (Bacillary)	Rabies (Animal)
Erysipelas	Rabies (Human)
German Measles	Syphilis
Gonococcus Infection	Trachoma
Influenza	Tuberculosis
Measles	Whooping Cough
Mumps	

QUARANTINABLE

Cholera†	Scarlet Fever
Diphtheria	Smallpox
Encephalitis (Epidemic)	Typhoid and Paratyphoid Fever
Leprosy	Typhus Fever
Meningitis (Epidemic)	Yellow Fever†
Plague†	
Acute Anterior Poliomyelitis	

* Patients should be kept in mosquito-free room.

† Cases to be reported to State Department of Public Health by telephone or telegraph and special instructions will be issued.

VENEREAL DISEASE CASES REPORTED

During November, 2,113 cases of syphilis and 1,428 cases of gonorrhea were reported to the California State Department of Public Health. During 1937, the monthly average of such cases reported was 1,441 for syphilis and 1,421 for gonorrhea.

Herbert S. Powis, D.O., has been appointed City Health Officer of Colusa County, to succeed Dr. Ney M. Salter. He will assume the new office February 1st.

MORBIDITY

Complete Reports for Following Diseases for Week Ending January 7, 1939

Chickenpox

838 cases: Alameda County 55, Alameda 7, Berkeley 7, Livermore 2, Oakland 30, San Leandro 2, Butte County 1, Chico 2, Antioch 1, Concord 2, Martinez 1, Fresno County 14, Fresno 75, Sanger 3, Brawley 28, Kern County 17, Kings County 2, Lemoore 2, Los Angeles County 33, Alhambra 1, Arcadia 1, Avalon 20,

Burbank 2, Glendale 5, Inglewood 1, Long Beach 5, Los Angeles 48, Monrovia 2, Pasadena 14, Pomona 1, Redondo 2, Santa Monica 5, Whittier 4, Lynwood 2, Hawthorne 2, Madera County 4, Madera 1, Chowchilla 1, Mill Valley 11, San Anselmo 6, Merced County 20, Monterey County 8, Salinas 1, Napa County 1, Orange County 12, Anaheim 12, Brea 1, Huntington Beach 4, Newport Beach 9, Santa Ana 6, Riverside County 1, Banning 2, Beaumont 6, Corona 7, Riverside 3, Indio 1, Sacramento County 1, Sacramento 9, Ontario 25, San Diego County 31, Chula Vista 4, Escondido 1, San Diego 27, San Francisco 37, San Joaquin County 27, Lodi 1, Stockton 23, Tracy 19, San Luis Obispo County 2, Paso Robles 4, San Mateo County 1, Burlingame 2, San Mateo 13, Santa Barbara County 18, Santa Barbara 8, Santa Clara County 6, Gilroy 5, Mountain View 4, Palo Alto 6, San Jose 2, Sunnyvale 2, Shasta County 12, Solano County 2, Vallejo 1, Sonoma County 5, Stanislaus County 1, Modesto 2, Oakdale 2, Tulare County 11, Ventura County 5, Fillmore 1, California 2.*

Diphtheria

32 cases: Fresno County 1, Fresno 2, Long Beach 1, Los Angeles 16, San Fernando 2, Fort Bragg 1, Merced County 1, King City 1, Monterey 1, San Diego 1, San Francisco 2, Santa Cruz County 1, Shasta County 1, Tulare County 1.

German Measles

30 cases: Alameda County 3, Berkeley 6, San Leandro 3, Kern County 1, Los Angeles County 3, Long Beach 3, Los Angeles 2, Mono County 1, Fullerton 1, National City 2, San Diego 2, San Francisco 2, San Mateo County 1.

Influenza

41 cases: Oakland 1, Fresno County 6, Los Angeles County 1, Glendale 1, Long Beach 2, Los Angeles 9, Merced County 10, Monterey County 1, Orange County 1, San Diego County 6, San Francisco 1, Stockton 1, Watsonville 1.

Measles

1232 cases: Alameda County 15, Alameda 24, Albany 3, Berkeley 20, Oakland 244, Piedmont 8, Pleasanton 1, San Leandro 23, Contra Costa County 8, Antioch 1, Concord 15, Pittsburg 7, Richmond 3, Fresno County 12, Fresno 4, Kings County 2, Los Angeles County 2, Long Beach 4, Los Angeles 18, Madera County 1, Madera 1, Marin County 1, Mill Valley 4, San Anselmo 13, Sausalito 10, Fairfax 2, Merced County 1, Salinas 1, Orange County 7, Riverside County 2, Corona 1, Riverside 36, Palm Springs 1, Sacramento 6, San Bernardino County 1, Colton 3, Ontario 1, San Bernardino 9, San Diego County 2, Chula Vista 2, San Diego 28, San Francisco 407, San Joaquin County 5, Manteca 1, Stockton 37, San Luis Obispo 1, San Mateo County 11, Burlingame 5, Daly City 25, Redwood City 1, San Bruno 25, San Carlos 7, Santa Barbara County 2, Santa Barbara 3, Santa Clara County 8, Gilroy 1, Los Gatos 1, Palo Alto 24, San Jose 70, Santa Clara 7, Sunnyvale 1, Siskiyou County 15, Benicia 1, Vallejo 2, Sonoma County 2, Stanislaus County 3, Tehama County 3, Red Bluff 4, Trinity County 1, Ventura County 1, Yuba County 3, San Mateo 8.

Mumps

664 cases: Alameda County 42, Alameda 8, Albany 19, Berkeley 85, Hayward 6, Livermore 1, Oakland 111, Piedmont 10, Pleasanton 4, San Leandro 12, Contra Costa County 1, Antioch 1, El Cerrito 4, Pittsburg 7, Placerville 1, Fresno County 14, Fresno 8, Imperial County 1, Kern County 4, Los Angeles County 4, Long Beach 2, Los Angeles 25, Monrovia 1, Pasadena 5, Pomona 1, Santa Monica 2, Maywood 1, Madera County 16, Merced County 44, Huntington Beach 1, Placer County 2, Riverside County 3, Beaumont 1, Elsinore 1, Riverside 17, Sacramento County 59, Sacramento 23, San Bernardino County 2, Ontario 12, San Diego County 19, La Mesa 1, Oceanside 1, San Diego 13, San Francisco 12, San Joaquin County 6, Stockton 12, Tracy 1, San Luis Obispo County 1, San Luis Obispo 2, San Mateo County 1, Burlingame 1, Santa Barbara County 3, Santa Barbara 5, Mountain View 2, San Jose 2, Santa Cruz County 1, Modesto 1, Trinity County 11, Tulare County 2, Porterville 2, Yolo County 2, Woodland 2.

Pneumonia (Lobar)

107 cases: Oakland 4, Antioch 1, Fresno County 2, Fresno 1, Imperial 1, Kern County 1, Los Angeles County 10, Alhambra 1, Arcadia 1, Compton 1, Huntington Park 1, Inglewood 1, Los Angeles 33, San Gabriel 1, Hawthorne 1, South Gate 2, Maywood 1, Gardena 1, Fort Bragg 1, Monterey County 1, Lincoln 1, Riverside County 1, Indio 1, Sacramento County 1, Sacramento 6, San Diego County 1, San Diego 1, San Francisco 9, San Joaquin County 3, Lodi 1, Stockton 2, Santa Cruz 1, Sonoma County 1, Modesto 1, Yuba City 3, Tulare County 1, Ventura County 1, Fillmore 2, Yolo County 1, Marysville 3.

Scarlet Fever

252 cases: Alameda County 1, Berkeley 1, Oakland 4, Chico 4, Colusa County 2, Contra Costa County 3, Pittsburg 1, Fresno County 24, Coalinga 1, Fresno 14, Kern County 8, Kings County 6, Los Angeles County 21, El Monte 1, Glendale 3, Huntington Park 2, Long Beach 2, Los Angeles 46, Monrovia 1, Pasadena

2, Redondo 1, San Fernando 1, San Marino 1, Santa Monica 2, Sierra Madre 1, Torrance 1, Monterey Park 1, Maywood 1, Madera County 2, Madera 1, Merced County 5, Orange County 8, Fullerton 1, Santa Ana 1, Placentia 1, Riverside County 2, Beaumont 1, Riverside 1, Indio 3, Sacramento County 4, North Sacramento 1, San Bernardino County 1, San Bernardino 2, San Diego County 1, Chula Vista 1, La Mesa 1, San Diego 3, San Francisco 14, San Joaquin County 7, Lodi 1, Stockton 2, San Luis Obispo County 1, San Mateo County 1, Daly City 1, Santa Barbara 1, Santa Clara County 3, San Jose 1, Sunnyvale 1, Santa Cruz County 1, Stanislaus County 1, Modesto 3, Sutter County 1, Red Bluff 1, Tulare County 3, Ventura County 1, Oxnard 2, Winters 6, Woodland 1, Pomona 3.

Smallpox

25 cases: Fresno County 7, Coalinga 1, Long Beach 4, Los Angeles 1, San Francisco 1, Tulare County 10, California 1.*

Typhoid Fever

2 cases: San Diego 1, San Francisco 1.

Whooping Cough

68 cases: Alameda County 2, Livermore 2, Oakland 3, Fresno County 2, Fresno 3, Kern County 2, Los Angeles County 4, Compton 1, Glendale 1, Long Beach 2, Los Angeles 8, Santa Monica 3, South Gate 1, Fullerton 1, San Bernardino 1, San Diego County 3, Oceanside 2, San Diego 11, San Francisco 6, San Joaquin County 1, Santa Barbara County 1, Lompoc 3, Sonoma County 3, Ventura County 1, Yuba County 1.

Meningitis (Epidemic)

5 cases: Oakland 1, Alhambra 1, Los Angeles 2, Shasta County 1.

Dysentery (Amoebic)

1 case: San Francisco.

Dysentery (Bacillary)

6 cases: Fresno County 1, Compton 1, Los Angeles 3, Fillmore 1.

Ophthalmia Neonatorum

1 case: Fresno County.

Pellagra

1 case: Pacific Grove.

Tetanus

1 case: Placentia.

Trachoma

11 cases: Fresno County 2, Fresno 8, Tulare County 1.

Encephalitis (Epidemic)

1 case: Fresno County.

Paratyphoid Fever

1 case: Riverside.

Botulism

3 cases: Fresno County.

Food Poisoning

26 cases: Los Angeles.

Undulant Fever

3 cases: Glendale 1, Shasta County 1, Sonoma County 1.

Tularemia

1 case: Yolo County.

Coccidioidal Granuloma

5 cases: Fresno County 3, Coalinga 1, Tulare 1.

Septic Sore Throat

5 cases: Kern County 1, Los Angeles County 2, San Bernardino County 1, Stockton 1.

Rabies (Animal)

28 cases: Kern County 5, Los Angeles County 4, Los Angeles 10, Manhattan 1, Redondo 1, San Marino 1, San Mateo County 3, San Jose 2, Stanislaus County 1.

* Cases charged to "California" represent patients ill before entering the State or those who contracted their illness traveling about the State throughout the incubation period of the disease. These cases are not chargeable to any one locality.

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